

**Governor's Commission for a Drug Free
Indiana**
A Division of the



Comprehensive Community Plan

County: Monroe

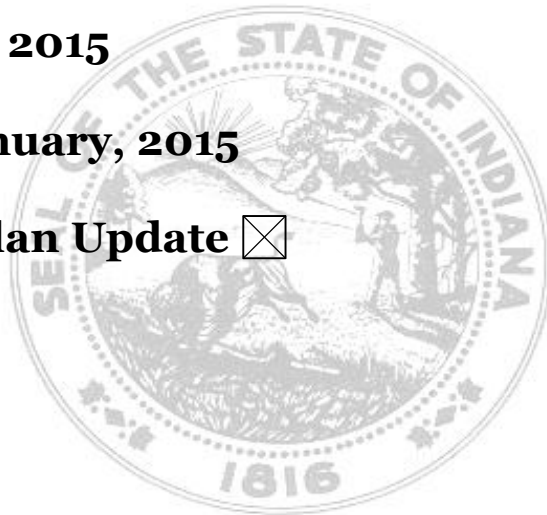
LCC: CARES Board

Date Due: January, 2015

Date Submitted: January, 2015

New Plan ☐

Plan Update ☒



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Plan Summary

Mission Statement

The mission of Monroe County CARES, Inc. shall be to coordinate, support, and promote effective local efforts to prevent and reduce harmful involvement with alcohol and other drugs among members of this community.

History

The grass-roots citizen group, Monroe County CARES, Inc., serves as the Local Coordinating Council. Monroe County CARES was formed in 1983 by a group of local citizens concerned about alcohol and other drug abuse problems affecting the youth in Monroe County. Local citizens, business leaders and parents worked together to bring a motivational speaker, David Toma, to Bloomington to educate the community about the effects and dangers of drug abuse and to break down community denial regarding substance abuse issues. The group, named the Toma Task Force, worked to raise the money to bring Mr. Toma to Bloomington and to establish follow-up within the community. David Toma's visit to Bloomington proved to be a catalyst for organizing this community to address the substance abuse problems of our youth. The Toma Task Force grew in scope and became Monroe County CARES. Over the years, CARES has continued to coordinate local efforts to combat the problems associated with alcohol and other drug abuse.

CARES board members represent many sectors including local government, law enforcement, schools, parents, social services, religion, education, treatment and the recovering community. There are three major standing committees: treatment, prevention, and justice. These committees, along with the CARES Board of Directors, coordinate, support, and promote local efforts to prevent and reduce harmful involvement with alcohol and other drugs among members of this community. In Monroe County, the Board of Commissioners passed a local ordinance appointing Monroe County CARES, Inc. with the task of collecting information on the potential uses for the Drug-Free Communities fund and to formulate a comprehensive plan for the allocation of these funds.

Monroe County is located in South Central Indiana, approximately sixty miles south of the state capital, Indianapolis, and has a population 141,888¹. Bloomington is the county seat and only incorporated city within Monroe County with a population of 82,575². Bloomington is the home of Indiana University Bloomington (IUB), a state university with a large residential campus and enrollment of approximately 42,133 students³. For census purposes, the boundaries of Monroe County are exactly the same as those of the Bloomington Metropolitan Statistical Area (MSA). Ellettsville, an incorporated town, and Stinesville are the only other municipalities within Monroe County with populations of 6,402⁴ and 207⁵ respectively. They are located approximately 8 miles northeast of Bloomington in Richland and Bean Blossom Townships.

The Ellettsville/Richland and Bean Blossom areas of the county are geographically and culturally separate from the rest of the county and are served by their own school corporation (local education agency), the Richland-Bean Blossom Community School Corporation. The rest of the county is served by the Monroe County

¹ http://www.google.com/publicdata/explore?ds=kf7tgg1uo9ude_&met_y=population&idim=county:18105&hl=en&dl=en

² http://www.google.com/publicdata/explore?ds=kf7tgg1uo9ude_&met_y=population&idim=place:1805860:1706613:1814734&hl=en&dl=en

³ <http://www.forbes.com/colleges/indiana-university-bloomington/>

⁴ http://www.google.com/publicdata/explore?ds=kf7tgg1uo9ude_&met_y=population&idim=place:1820800&hl=en&dl=en

⁵ http://www.google.com/publicdata/explore?ds=kf7tgg1uo9ude_&met_y=population&idim=place:1873232&hl=en&dl=en

Community School Corporation. The northeast quadrant of the county (Benton Township) is occupied primarily by the Morgan Monroe State Forest and much of the southeast quadrant of the county (Polk, Salt Creek, and part of Clear Creek Townships) is occupied by the Hoosier National Forest, Lake Monroe (Indiana's largest man-made lake), and six State Recreation Areas.

Indiana University is the county's largest employer. Other major employers include: Indiana University Health-Bloomington, Cook Group, Inc. (medical/surgical devices manufacturing), and the Monroe County Community School Corporation. The ethnic makeup of Monroe County is predominantly white (124,584), with a small African-American population (4,898), American Indian or Alaska Native (445), Asian (8,569), and Hispanic (4,491) peoples⁶.

Three County Commissioners and the County Council govern Monroe County. A Mayor and City Council govern the City of Bloomington, while a Town Board governs the incorporated towns of Ellettsville and Stinesville. Bloomington, Ellettsville and Stinesville are both within the confines and part of Monroe County. Within the city limits, city and county governments have concurrent jurisdiction. The county is divided into eleven townships.

Summary of the Comprehensive Community Plan

Justice, Prevention, and Treatment committee members met and discussed the community problems. The committee members were comprised of public and key stakeholders, including areas of education, health, substance abuse, law enforcement, city government, and social services.

⁶http://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18105&button1=Get+Profile&id=2&page_path=Area+Profiles&path_id=11&panel_number=1

Membership List

#	Name	Organization	Race	Gender	Category
1	Steve Malone	MC Probation	C	M	Justice
2	Nancy Woolery	City of Bloomington	C	F	City Rep
3	Tom Cox	Consultant	C	M	Treatment
4	Shirley Lindsey- Sears	Retired	C	F	At Large
5	Lt Thomas Lee	Indiana University PD	C	M	At Large
6	Kris Roehling	Centerstone	C	F	Social Services
7	Walt Keller	Alcohol Drug Information Center	C	M	Indiana University
8	Jeanie Alter	Indiana Prevention Resource Center	C	F	Health
9	Cpt. Joe Qualters	Bloomington Police Department	C	M	Law Enforcement
10	Niki Angelaki	Amethyst House	C	F	Treatment
11	Jasynda Radanovich	Indiana Prevention Resource Center	C	F	At Large
12	Julia Dotson	Private Practice	C	F	Recovery
13	Kathy Hewett	Monroe County Health Department	C	F	County
14	Brad Wilhelm	Rhino's	C	M	
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Problem Identification

A. Problem Statement #1: Driving under the influence of any substance and other illicit activities, including violence, are linked to alcohol and other drug abuse.

B. Supportive Data

1. OWI (operating while intoxicated) charges were up 116% between 2010 and 2012 (Ellettsville Police Department).
2. In 2012, 55% of all adults and 18% of all juveniles in Monroe County were placed on a form of community supervision for a substance related offense.
3. In 2012, Monroe County Probation received 463 cases for impaired driving, 30% of all adult probation offenses committed in 2012.
4. Of the more than 11,650 drug screens administered by the Monroe County Probation Department in 2012 to monitor compliance, 1,696 (15%) showed positive for continued substance use.
5. In 2012 Nearly 40% of adults placed on probation for a non-substance related offense, indicated alcohol and/or drugs played a role in the commission of the offense/crime.
6. The 18-25 yr. old demographic is responsible for 76% of all alcohol related offenses charged by Indiana University Police Department (IUPD) in 2012.
 - a. Total alcohol related arrests were 530.
 - i. Illegal Consumption = 357
 - ii. Operating while Intoxicated = 69
 - iii. Public Intoxication = 271
 - b. Arrests for dealing:
 - i. Dealing Synthetic narcotics = 13
 - ii. Sale and delivery marijuana = 10
 - iii. Sale and delivery dangerous non-narcotics = 8
7. The 18-25 yr. old demographic is responsible for 52% of all alcohol related offenses charged by Bloomington Police Department (BDP) in 2012:
 - a. Total alcohol related arrests were 750 (397 in the 18-25 year old demographic).
 - i. Illegal Consumption = 227
 - ii. Operated while Intoxicated = 198
 - iii. Public Intoxication = 325
8. Bloomington Police Department (BPD) and Indiana University Police Department (IUPD) drug arrests were highest for Possession of Marijuana or Hash. (2012)
 - a. BPD = 139; six of these offenders were juveniles.
 - b. IUPD = 172, 90%

9. BPD arrests for dealing were tied highest for Cocaine/Narcotic/Meth 22 (38%) and Dealing in Schedule I, II and III which also with 22 arrests or 38%). Arrests for dealing Marijuana/Hash came in second and totaled 10 (17%) of total dealing charges.

End of Year 1 Update:**B. Supportive Data**

1. OWI (operating while intoxicated) charges decreased 10% from 59 (2012) to 48 (2013) (Ellettsville Police Department).
2. In 2013, 56% of all adults and 29% of all juveniles in Monroe County were placed on a form of community supervision for a substance related offense. A 1% increase for adults and an 11% increase for juveniles. In 2013, Monroe County Probation received 524 cases for impaired driving, an increase of 13% from 2012.
3. Of the more than 11,380 drug screens administered by the Monroe County Probation Department in 2013 to monitor compliance, 1,701 (15%) showed positive for continued substance use. If you take the Drug Court screens out, the positive rate is over 25%
4. In 2013 Nearly 50% of adults placed on probation for a non-substance related offense, indicated alcohol and/or drugs played a role in the commission of the offense/crime.
5. The 18-25 yr. old demographic is responsible for 76% of all alcohol related offenses charged by Indiana University Police Department (IUPD) in 2013.
 - A. Total alcohol related arrests were 601.
 - i. Illegal Consumption = 373
 - ii. Operating while Intoxicated = 69
 - iii. Public Intoxication = 325
 - B. Arrests for dealing:
 - i. Dealing Synthetic narcotics = 8
 - ii. Sale and delivery marijuana = 7
 - iii. Sale and delivery dangerous non-narcotics = 3
6. The 18-25 yr. old demographic is responsible for 50.6% of all alcohol related offenses charged by Bloomington Police Department (BDP) in 2013:
 - a. Total alcohol related arrests were 636 (322 in the 18-25 year old demographic).
 - i. Illegal Consumption = 146 (124 in the 18-25 year old demographic)
 - ii. Operated while Intoxicated = 195 (105 in the 18-25 year old demographic)
 - iii. Public Intoxication = 295 (93 in the 18-25 year old demographic)
7. Bloomington Police Department (BPD) and Indiana University Police Department (IUPD) drug arrests were highest for Possession of Marijuana or Hash. (2013)
 - a. BPD = 124; 13 of these offenders were juveniles.
 - b. IUPD = 101, 3 were Juveniles
8. BPD arrests for dealing were tied highest for Cocaine/Narcotic/Meth with 22 arrests. and Dealing in Schedule I, II and III which also with 22 arrests. Dealing in Schedule I, II and III was second with 17 arrests. Arrests for dealing Marijuana/Hash came in third and totaled 14 of all dealing-related charges.

C. Goal: Reduce the impact of alcohol/drug related illicit/criminal activity in the community.

End of Year 1 Annual Benchmarks:

1. The number of formal charges filed by the Monroe County Prosecutor for impaired driving was 625, down from 651 in 2012.
2. Impaired Driving fatalities was 2 in 2013 (down from 3 in 2012).
3. The number of positive urine screens for offenders under community supervision has remained fairly consistent over the past 3 years with a 15% positive rate in 2011, 2012, and 2013.
4. The number of offenders placed on probation for substance related offenses in 2013 was 56% as compared to 54% in 2012
5. In 2013 Probation received 524 new cases for impaired driving, which is a 13% increase from 2012
6. Drug treatment court has a 1% of the drug screens tested positive for a substance in compared to the 27% from offenders placed in traditional probation and/or community corrections programs.

D. Objectives

1. Provide funding to criminal justice agencies for training, equipment, and programming that could aid in the detection, apprehension, and conviction of individuals involved in illegal substance related activity.
2. Support efforts designed to address repeat offenders and decrease recidivism.
3. Establish education/training programs for the community, parents, bars, and retail stores with regard to illegal substances and their consumption, contributing to minors, underage purchases, use of fake identification to gain access to alcohol, and social-host-liability issues.
4. Support programs and enforcement to reduce over-consumption of alcohol among drinkers of majority.
5. Support the use of intervention tools to monitor offenders' substance use while under the supervision of the criminal justice system.

End of Year 1 Update:

D. Objectives

1. Provide funding to criminal justice agencies for training, equipment, and programming that could aid in the detection, apprehension, and conviction of individuals involved in illegal substance related activity.

A. The local coordinating council funded the following criminal justice agencies in 2013. Data from the year-end data was collected October 2014.

- i. Monroe County Drug Treatment Court for Urine Drug Screens
- ii. Ellettsville Police Department for in car cameras
- iii. Monroe County Community Corrections for alcohol testing

B. Funding led to:

i. *Monroe Circuit Court Probation – Drug Court*

- From January 1, 2013 to August 31, 2014, the Drug Court Program collected over 9,500 urine/saliva drug tests on participants. Of these, only 150 (1%) of the drug screens tested positive for a substance. This is a significant decrease from the positive drug test rate (28%) collected from offenders placed under traditional probation and/or on a Community Corrections program.
- The average positive rate for offenders placed on traditional probation is at about 28%, as compared to less than 1% positive rate for participants in the Monroe County Drug Treatment Court.

ii. *Ellettsville Police Department for in car cameras*

- Alcohol arrests increased from 81 in 2013 to 84 in 2014 (as of 12/11/2014).
- 97% conviction rate (charges that ended in conviction) on 2013 impaired driving charges (all plea agreements taken into consideration, as and tallied as a conviction).

iii. *Monroe County Community Corrections for alcohol testing*

- In 2013, there were 22,930 portable breath tests (PBT) conducted on participants in the Day Reporting Program and an additional 11,960 PBT tests for Drug Treatment Court (DTC), who all report during the same morning sessions. Of the combined 34,890 PBT tests conducted by Community Corrections, only 90 (less than .003%) tested positive for alcohol consumption.
- There were 5,892 PBT random tests conducted in client homes for those supervised on the Community Alternative Supervision Program (CASP) with an additional 2,517 PBT tests for DTC clients. Of the combined 8,409 unannounced tests conducted in the field, there were only 9 clients (.001%) who tested positive for use of alcohol.

2. Support efforts designed to address repeat offenders and decrease recidivism.

A. The local coordinating council funded the following criminal justice agencies in 2013, addressing this objective:

- i. Monroe Circuit Court Probation Community Corrections for Urine Drug Screens
- ii. Monroe County Community Corrections for alcohol testing
- iii. Monroe County Drug Court

B. The local coordinating council supported efforts designed to address repeat offenders as evidenced by the following data from the Monroe County Probation year-end report.

- From January 2013 to August 31, 2014, drug treatment court had less than 1% of the drug screens test positive for a substance as compared to the 28% from offenders placed in traditional probation and/or community corrections programs.
 - In 2013, there were 22,930 portable breath tests (PBT) conducted on participants in the Day Reporting Program and an additional 11,960 PBT tests for Drug Treatment Court (DTC), who all report during the same morning sessions. Of the combined 34,890 PBT tests conducted by Community Corrections, only 90 (less than .003%) tested positive for alcohol consumption.
 - There were 5,892 PBT random tests conducted in client homes for those supervised on the Community Alternative Supervision Program (CASP) with an additional 2,517 PBT tests for DTC clients. Of the combined 8,409 unannounced tests conducted in the field, there were only 9 clients (.001%) who tested positive for use of alcohol.
3. Establish education/training programs for the community, parents, bars, and retail stores with regard to illegal substances and their consumption, contributing to minors, underage purchases, use of fake identification to gain access to alcohol, and social-host-liability issues.
- The local coordinating council did not fund anything under this objective as no agency applied for funding as it related to this objective.
4. Support programs and enforcement to reduce over-consumption of alcohol among drinkers of majority.
- A. The local coordinating council did not fund anything under this objective as no agency applied for funding as it related to this objective.
- B. Programming in the community, which addressed the objective included:
- i. Operation pullover
 - ii. Prime for life through Monroe County Probation
5. Support the use of intervention tools to monitor offenders' substance use while under the supervision of the criminal justice system.
- See data in objective number 2.

A. Problem Statement #2: Individual and families in distress or conflict with issues relating to substance abuse are in need of treatment services yet often experience overt and/or covert barriers to obtaining needed treatment services.

B. Supportive Data

1. Amethyst House (AH) served 358 outpatient clients and 90 residential clients in 2012. A barrier to receiving treatment services is the limited number of people AH is able to serve due to the size of their program. There was an approximate two-week long wait list for outpatient groups and an approximate six-week waiting list for residential services in 2012.
2. Amethyst House for women reported a 20 person waiting list (spring 2013) and reported having an 81% full capacity rate for 2012.
3. Amethyst House for men reported a 20 person waiting list (spring 2013) and reported having a 92% full capacity rate for 2012.

4. Insufficient services for Monroe County residents present many barriers for those needing treatment services:
 - a. There are no detoxification services for indigent residents.
 - b. There are no short-term residential recovery housing options.
 - c. There is usually a waiting list for residential treatment services as well as outpatient treatment services (Amethyst House, see above).
5. In 2012 there were 235 cases of alcohol and drug overdoses treated (Bloomington Hospital Emergency Department).
6. Bloomington Hospital Emergency Department Visits in 2012 for alcohol and/or drug abuse:
 - a. 1,252 visited the Emergency Department for drug or alcohol use
 - b. 665 of the cases were aged 18-25
7. Monroe County had five overdoses that were suicides, 21 overdoses that were accidental, and six natural deaths due to chronic alcoholism (Monroe County Coroner).
8. Youth usage stats can be found in the prevention supportive data section suggesting normative, cultural, familial and legal barriers that contribute to ATOD use/prevalence.
9. 1,597 individuals sought treatment for substance abuse in Monroe County in 2011 (Treatment Episodes Data (TEDS), 2011).

End of Year 1 Update:

B. Supportive Data

1. Amethyst House (AH) served 303 outpatient clients and 76 residential clients in 2013 (44 men, 32 women and 2 children). A barrier to receiving treatment services is the limited number of people AH is able to serve due to the size of their program. There was an average two-week long wait list for initiation of outpatient group treatment and an average of seven-week long waiting list for residential services in 2013.
2. Amethyst House for women reported an average 30 person waiting list and reported having an 90% full capacity rate for 2013.
3. Amethyst House for men reported an average 35 person waiting list and reported having a 85% full capacity rate for 2013 (mainly due to change in staff).
4. Insufficient services for Monroe County residents present many barriers for those needing treatment services:
 1. There are no detoxification services for indigent residents.
 2. There are no short-term residential recovery housing options.
 3. There is usually a waiting list for residential treatment services as well as outpatient treatment services (Amethyst House, Centerstone, see above and below respectively).
 4. Many clients postpone their assessment or may be suspended from services at some point due to inability to make payments toward their bill. We have created the infrastructure in our agency to be able to accept private insurance/medicate payments, but the majority of our clients are still uninsured

and often unemployed, underemployed, or very low-income.

5. Lack of funding for treatment creates an additional barrier because we are unable to provide even lower fees than we are, or allow clients to receive services without paying for longer time than we already are. Insurance companies are also more reluctant to pay for Behavioral Health than they are for Physical Health, and more reluctant to pay for Substance Use than they are to pay for Mental Health Services.
5. In 2013 there were 326 cases of alcohol and drug overdoses treated compared to 235 in 2012 (Bloomington Hospital Emergency Department).
6. Bloomington Hospital Emergency Department Visits in 2013 for alcohol and/or drug abuse:
 - a. 1501 visited the Emergency Department for drug or alcohol use (1,252 in 2012)
 - b. 500 of the cases were aged 18-25 (665 in 2013)
7. Monroe County had 5 overdoses that were suicides, 24 overdoses that were accidental (Monroe County Coroner).
8. Youth usage stats can be found in the prevention supportive data section suggesting normative, cultural, familial and legal barriers that contribute to ATOD use/prevalence.
9. 1,553 individuals sought treatment for substance abuse in Monroe County (Treatment Episodes Data (TEDS), 2013).
10. Centerstone, 2014 Statistics
 - A. 1850 people with substance abuse disorder were seen at Centerstone
 - B. After initial evaluation, the wait time to see a therapist is 4-6 weeks.
 - C. After 3 sessions with a therapist, the wait time to see a psychiatrist is (another) 4-6 weeks
 - D. IOP Groups range from 10 - 20 clients in size

C. Goals Increase or maintain the number of Monroe County consumers served in intervention programs and state certified addiction treatment programs/practitioners that are funded by the Monroe County LCC.

End of Year 1 Annual Benchmarks:

1. Amethyst served 76 individuals in residential care.
2. Outpatient services provided in Monroe County from AH was 303.
3. Monroe County had 5 accidental drug overdose deaths in 2013, and 24 ruled as suicide drug overdose deaths. (Monroe County Coroner).

D. Objectives

1. Maintain or increase the number of consumers receiving treatment services from the agencies funded by the Monroe County LCC.
2. Support the continuum of care in our community via recovery support services, family programs, early identification and intervention services.
3. Develop public forums and media strategies (e.g. articles in newspaper, radio, internet, TV coverage) about the effectiveness of treatment, options for addictions and treatment and the consequences of lack of treatment.
4. Advocate for additional sources of funding/programming to enhance and expand treatment access for Monroe County residents.
5. Promote an increased awareness of the issues relating to addictions and treatment services.

End of Year 1 Update:

D. Objectives

1. Maintain or increase the availability and accessibility of current services for addiction treatment in the county.
 - A. The local coordinating council funded the following treatment agencies in 2013. Data from the year-end data was collected October 2014.
 - i. Amethyst House for Women
 - ii. Amethyst House for Men
 - iii. Stepping Stones- Alternative Awareness Program
 - iv. Centerstone
 - B. This increased funding led to:
 - i. *Centerstone (Recovery Engagement Center)*
 - i. 64% of individuals demonstrated a reduced or eliminated use of alcohol or illicit drugs.
 - ii. 71% of program participants engaged in treatment.
 - ii. *Amethyst House for Men*
 - i. 75% of clients leaving the program successfully maintained abstinence from alcohol and all other drug abuse.
 - ii. 86% of clients leaving the program increased their income to a level that supports independent living.
 - iii. 79% of clients leaving the program secured permanent housing.
 - iv. 100% of clients discharged will have established a network of support in a community that supports sober living. Success will be measured through documentation of participation in supportive activities. Clients will fill out periodic clinically valid assessment tools that will measure social support involvement.
 - iii. *Amethyst House for Women*

- i. 77% of clients leaving the program successfully maintained abstinence from alcohol and all other drug abuse.
 - ii. 79% of clients leaving the program increased their income to a level that supports independent living.
 - iii. 77% of clients leaving the program secured permanent housing.
 - iv. 95% of clients discharged will have established a network of support in a community that supports sober living. Success will be measured through documentation of participation in supportive activities. Clients will fill out periodic clinically valid assessment tools that will measure social support involvement.
 - v. 100 % of residents will have received physicals and health screenings upon admission to residential facilities.
2. Support the continuum of care in our community via recovery support services, family programs, early identification and intervention services.
 - i. This was addressed by three programs that were funded by the local coordinating council:
 - i. Amethyst House for men
 - ii. Amethyst House for women
 - iii. Drug court
 - iv. Centerstone
 - v. Stepping Stones- Alternative Awareness Program
3. Develop public forums and media strategies (articles in newspaper, radio, internet and TV coverage) about the effectiveness of treatment, options for addictions and treatment and the consequences of lack of treatment.
 - A. Spring of 2013 the CARES Board had a community meeting titled "Walking the tight rope between advocacy and lobbying," with a Q and A discussion.
 - B. Amethyst house:
 - i. Offered various community presentations regarding Pathological Gambling in local agencies; Indiana University and Ivy Tech Classes; a Meadows Hospital Lunch and Learn as well as a Meadows Conference in Brown County. Also hosted guest-speaker for community presentation on Problem Gambling and Substance Abuse as a Co-occurring issue.
 - ii. Presented Amethyst program and discussed addiction and recovery issues on local tv station
 - iii. Offered annual Legislative Lunch, during which legislators are educated regarding addiction and recovery issues, and encouraged to be advocates
 - iv. Organized fundraising concert that generated newspaper articles discussing Amethyst services as well as treatment and recovery issues, as well as radio spots mentioning the agency's mission.
4. Advocate for additional sources of funding/programming to enhance and expand treatment access for Monroe County residents.
 - A. Amethyst House:
 - i. Amethyst hosted its annual Legislative Lunch, during which legislators are educated regarding addiction and recovery issues, and encouraged to be advocates and support funding options for treatment
 - ii. Amethyst's Executive Director is a Board member of Indiana Addictions Issues Coalition (IAIC) and Amethyst promotes the Coalition's mission on every public event by mention or availability of

membership forms. In 2013 Amethyst House and Centerstone's Recovery Engagement Center in collaboration with the CARES Board and IAIC arranged for the showing of the movie "Anonymous people" in Bloomington which was notably attended.

- iii. Amethyst is a treatment program accepting Access To Recovery (ATR) funds, which provides assistance to clients with fees for services. (ATR assists clients who want to get in recovery from substance use disorders or need assistance maintaining their recovery. It is particularly aiming in reducing recidivism as one of the eligible categories are individuals who have been released from a criminal justice facility in the past 45 days or who are currently involved with the criminal justice system or with a diversion court.)
- iv. Amethyst is a treatment program accepting Access To Recovery funds, which provides assistance to clients with fees for services. (((put in reducing recidivism section from above)
- v. Board member of the Indiana Council on Problem Gambling (ICPG) whose purpose is to 'generate awareness, promote education, and be an advocate for quality treatment of problem gamblers in the State of Indiana
- vi. Provides free SA treatment services (under certain state guidelines) to clients that address their co-occurring gambling issues (also treated for free).

4. Promote an increased awareness of the issues relating to addictions and treatment services.

A. Amethyst House

- i. Amethyst's Executive Director is a Board member of Indiana Addictions Issues Coalition (IAIC) and Amethyst promotes the Coalition's mission on every public event by mention or availability of membership forms. In 2013 Amethyst House and Centerstone's Recovery Engagement Center in collaboration with the CARES Board and IAIC arranged for the showing of the movie "Anonymous people" in Bloomington which was notably attended.
- ii. Amethyst hosted its annual Legislative Lunch, during which legislators as well as the public are educated regarding addiction and recovery issues as well as the current challenges in the area of treatment
- iii. Amethyst also held its annual Celebration of Recovery (presenting accomplishments of the year and honoring staff, students/volunteers, and long-standing supporters) as well as the Community Fall Picnic to celebrate recovery and offer a sober, family-friendly, fun afternoon activity to the community. All Amethyst events are open to the public.
- iv. Amethyst networks with various programs in Bloomington and across the state of Indiana to exchange information and maintain a current knowledge of treatment related issues, opportunities, and challenges. Also participates in meetings that aim to coordinate services, such as the South Central Housing Network which organized a Charrette last year, apart from the annual Point in Time count of the homeless population.
- v. Amethyst sets up information tables in Health Fairs and community events; locations in 2013 included: Ivy Tech; IU concert Culture Shock/Addicted to Music; Homeward Bound; Latin Family Night; and Health Fair in Paoli, IN.

A. Problem Statement #3: Monroe County has a pervasive culture of alcohol, tobacco, and other drugs (ATOD) resulting in high social acceptance of use and abuse and high social access to ATOD.

B. Supportive Data

1. There are 68 retail alcohol outlets (pharmacies, groceries, and liquor stores) in Monroe County. That increases to 231 when you include restaurants and bars (Excise Police, 2012).
2. Illegal consumption charges were up 166% between 2010 and 2012 Ellettsville Police Department (EPD).
3. 20.8% of Monroe County Community School Corporation (MCCSC) high school students in grades 9-12 perceive little to no risk of weekly binge drinking. (Indiana Prevention Resource Center (IPRC), MCCSC Youth Survey, 2013)
4. More than 50% of students had high risk factors for peer-individual perceived risk of drug use (8th, 10th, and 12th). More than 50% of students had low protective factors for community rewards for involvement (8th, 10th, and 12th), school rewards for pro-social involvement (12th), and peer-individual interaction with pro-social peers (12th) (IPRC).
5. 2012 Indiana Prevention Resource Center (IPRC) survey of MCCSC high school students:
 - a. 19.9% of MCCSC high school students in grades 9-12 perceive little to no risk of weekly binge drinking
 - b. 10th graders are 7.1% and 12th graders are 5.6% above the state rate for monthly marijuana use
 - c. 38.4% of 10th graders report that their parents have attitudes favorable to drug use, 46.6% for 12th graders
6. Monroe County student lifetime prevalence rates were higher than state rates for pipe usage (11th), marijuana (9th, 11th, and 12th), cocaine (10th and 11th), ecstasy (9th), and hallucinogens (11th) (2013 *Indiana Alcohol, Tobacco, and Other Drug Use* survey).
7. Monroe County student monthly prevalence rates were higher than the state rates for marijuana (11th and 12th), cocaine (11th), ecstasy (9th), and hallucinogens (11th) (2013 *Indiana Alcohol, Tobacco, and Other Drug Use* survey).
8. The Indiana Prevention Resource Center (IPRC) Youth Survey Monroe County Community School Corporation (MCCSC) for 2012 reported:
 - a. 39% of 12th graders and 28% of 11th graders self-reported monthly drinking
 - b. 24% of 12th graders and 17% of 11th graders have binged drank in the last two weeks
 - c. 23% of 12th graders and 19% of 11th graders self-reported monthly marijuana use
 - d. 27% of 12th graders and 24% of 11th graders self-reported that they rode have at least one friend who sells drugs.
 - e. 40% of 12th graders perceived community laws and norms are favorable to drug use

End of Year 1 Update:

B. Supportive Data

1. Illegal consumption charges were down from 14 to 11 between 2012 and 2013 Ellettsville Police Department (EPD).
2. 29.4% of Monroe County Community School Corporation (MCCSC) high school students in grades 9-12 perceive no risk of weekly binge drinking. (Indiana Prevention Resource Center (IPRC), MCCSC Youth Survey, 2014)

3. More than 50% of students had high risk factors for peer-individual perceived risk of drug use (8th, 10th, and 12th). More than 50% of students had low protective factors for community rewards for involvement (8th, 10th, and 12th), school rewards for pro-social involvement (12th), and peer-individual interaction with pro-social peers (12th) (IPRC).
4. 2014 Indiana Prevention Resource Center (IPRC) survey of MCCSC high school students:
 - a. 29.4% of MCCSC high school students in grades 9-12 perceive no risk of weekly binge drinking
 - b. 9th, 10th, 11th, and 12th graders are 2.3%, 5.5%, 6.1%, and 5.1%, respectively, above the state rate for monthly marijuana use. 12th graders are also 4.1% above the state rate for cigar use, 12th graders are 1.2% above the state rate for monthly cocaine use, and 9th graders are 1.8% above the state rate for monthly prescription drug use.
 - c. 32.4% of 10th graders report that their parents have attitudes favorable to drug use, 37.9% for 12th graders
5. Monroe County student lifetime prevalence rates were higher than state rates for prescription drugs (9th) and hallucinogens (12th) (2014 *Indiana Alcohol, Tobacco, and Other Drug Use* survey).
6. Monroe County student monthly prevalence rates were higher than the state rates for marijuana (9th, 10th, 11th and 12th), cigars (12th), cocaine (12th), and prescription drugs (9th) (2014 *Indiana Alcohol, Tobacco, and Other Drug Use* survey).
7. The Indiana Prevention Resource Center (IPRC) Youth Survey Monroe County Community School Corporation (MCCSC) for 2014 reported:
 - a. 38.2% of 12th graders and 26.7% of 11th graders self-reported monthly drinking.
 - b. 22.8% of 12th graders and 16.8% of 11th graders have binged drank in the last two weeks.
 - c. 22.7% of 12th graders and 22% of 11th graders self-reported monthly marijuana use.
 - d. 20.9% of 12th graders and 19.8% of 11th graders self-reported that they have at least one friend who sells drugs.
 - e. 44.8% of 10th graders and 39.9% of 12th graders perceived community laws and norms are favorable to drug use.

C. Goals: To decrease the use and abuse of alcohol, tobacco, and other drugs.

End of Year 1 Annual Benchmarks:

1. 30 day Alcohol use among Monroe County students 9-12th grade has decreased from 25% in 2013 to 24.85% in 2014.
2. 30 day marijuana use among students 9-12 grade has decreased from to 16.9% in 2013 to 14.1% in 2014.
3. 30 day inhalant use among 9-12th graders has decreased from 1.1% in 2013 to .975% in 2014

D. Objectives

1. Support of campaigns that change social norms of acceptance including but not limited to: Normative education, host liability, underage purchases and consumption of Alcohol, Tobacco, and Other Drugs (ATOD).
2. Support evidence based ATOD prevention programs that target youth and young adults.
3. Support prevention and education initiatives that minimize the risks associated with consumption of ATOD.
4. Support prevention and education initiatives that increase protective factors associated with reducing or eliminating ATOD use and abuse.
5. Support the development and implementation of policies or laws mitigating community conditions that increase use and abuse of ATOD; such as supporting the illegalization of K2.

End of Year 1 Update:

D. Objectives

1. Support of campaigns that change social norms of acceptance including but not limited to: Normative education, host liability, underage purchases and consumption of ATOD.
 - A. The local coordinating council funded the prevention agencies listed below in 2013-2014. They all address normative education and consumption of ATOD. Host liability and underage purchases were minimally addressed.
 - i. Stepping Stones
 - ii. Big Brothers/Big Sisters
 - iii. Rhino's Youth Center
2. Support evidence based ATOD prevention programs that target youth and young adults.
 - A. All of the below listed are either an evidence based program or an Evidence based practice.
 1. Stepping Stones- Evidence based practice
 2. Big Brothers/Big Sisters Mentoring (SAMSHA evidence based)
 3. Rhino's Youth Center -Alternative youth activities, Evidence based practice)
3. Support prevention and education initiatives that minimize the risks associated with consumption of ATOD.
 - A. The local coordinating council funded the following prevention agencies in 2012-2013. Data from the year end data was collected October 2012. All of the below listed programs contain education targeting alcohol prevention.
 - i. Stepping Stones
 - ii. Big Brothers/Big Sisters
 - iii. Rhino's Youth Center
 - B. This funding led to:
 - i. *Stepping Stones*

- a. 58% had over all improvement in the area of employment while in the program.
- b. 82% had over all improvement in the area of income while in the program.
- c. 35% had overall improvement in the area of life skills while in the program.
- d. 80% of resident population had a 2pt positive change in the areas of mental health, family relationships, peer relationships and educational status.
- e. Residents demonstrated a drug-free lifestyle by passing 83% of administered drug tests after an initial 75%.
- f. The rate of increase of developmental assets for respondents who demonstrated growth increased an average of 2 points, totaling 40/40 attainment (initial findings were 33/40).

ii. *Rhino's Youth Center Alternative youth activities*

- a. 100% of those listed as smokers began cessation programming
- b. Surveys showed that 85% of respondents showed a measurable decrease in the reduction of negative ATOD activity and increase of the knowledge of ATOD health and psychological impacts.

iii. *Big Brothers/Big Sisters Mentoring*

- a. 34.5% of our Littles in the community-based program report unchanged risk attitudes and 27.6% report improved risk attitudes.
- b. 95% of our Littles in our community-based program report unchanged, improved, or significantly improved attitudes and behaviors toward alcohol, tobacco, and other drugs.
- c. 66% of youth scores improved from baseline to follow-up for the major outcomes category of **Scholastic Competency**, 83% Stayed same from baseline to follow-up for major outcomes category of **Finish high school**,
- d. 66% improved from baseline to follow-up for major outcomes category of **major adult in their life**, and 40% improved or stayed same from baseline to follow-up for major outcomes category of **Risk Attitudes**.
- e. 70% of match goals were accomplished through 83% 6 month retention rate and our average match length is 28 months. 5.0 youth scores report safe with their mentor, 4.9 feel the relationship is important, and 4.6 feel close to their mentor.

- 4. Support prevention and education initiatives that increase protective factors associated with reducing or eliminating ATOD use and abuse.

A. The local coordinating council funded the prevention agencies listed below in 2013-2014. They all address protective factors.

- i. Stepping Stones
- ii. Big Brothers/Big Sisters
- iii. Rhino's Youth Center

Please attach the County's Fiscal Report for review!

Next Annual Update Due: December 2015

Next Comprehensive Community Plan Due: December 2015

Date of Community Consultant Review:

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

Initials: LLM